



medical faculty at UBC. ICBC is providing the funding.

The Quebec researchers reviewed the literature on whiplash and eventually whittled 65 000 articles down

to just 65. They concluded that traditional treatments had to change: active exercise is now recommended over passive measures like rest and the use of collars. Those passive mea-

asures can actually "make things worse," says Dr. Stephen Barron, cochair of the BC initiative. Diagnosis has long presented a challenge, and most physicians are "very frus-

## MD placement a big concern as end nears for 2 Ottawa hospitals

Come next year, Ottawa's lineup of hospitals is going to be a lot shorter. Two city hospitals — the Riverside and the Salvation Army Grace — are being closed as part of Ontario's health services restructuring exercise. The Ottawa region's reconfigured delivery system is intended to save \$128.9 million annually.

Dr. Duncan Sinclair, chair of the Toronto-based Health Services Restructuring Commission (HSRC), says his group's goal is to ensure "that physicians are treated fairly and equitably in attaining privileges and access to resources in a restructured system."

The president of the medical staff at the Riverside isn't so sure. Dr. Chris Fleming, who runs his own family practice in Ottawa, says the 150 physicians associated with the 200-bed hospital are playing the "waiting game" over their futures. "Many of the surgeons and internists are wondering what happens during the transition period when we become the Riverside site of the new Ottawa Hospital," says Fleming.

He thinks the "massive chaos and confusion" inherent in the restructuring exercise have fuelled the fires of uncertainty and left many of Riverside's physicians "paranoid." Its emergency room is set to close Nov. 30 and the entire site is to cease operation as a separate hospital at year's end.

The future for the 120 physicians affiliated with the Grace is equally uncertain, says hospital president and CEO Major Malcolm Robinson; the hospital had been providing acute care to Ottawa patients for 94 years.

"Not all of this has been worked out by any means at this stage, and that's where the work of the medical fact finder will partially come into play."

Earlier this year, the HSRC released a discussion paper on medical human resources issues. The paper



**Major Malcolm Robinson: "unhappy with the way things worked out"**

was prepared by a group chaired by Dr. John Atkinson, a former chief of staff at the Ottawa Civic Hospital, and recommended that all hospitals form a transitional medical human resources team that would develop "physician-adjustment policies" during restructuring.

Amalgamation of the Riverside and the Grace was scheduled for the end of March, at which time the Board of Directors of the new Ottawa Hospital (which also combines the Civic and the General hospitals) will decide on staffing issues. While

it's not scheduled to close until Sept. 30, 1999, the Grace seems further ahead in knowing what will happen to some of its physicians.

The hospital's chief of obstetrics and gynecology, Dr. Seema Johri, will assume that position at the Queensway-Carleton Hospital when the responsibility for obstetrics is transferred there from the Grace next year. "Obstetrics is a new program for them so they had to create the new position," explains Robinson, who anticipates that all the Grace's obstetricians and pediatricians will gain privileges at the Queensway-Carleton. That turn of events is welcomed by Robinson and his staff, who are still "unhappy with the way things worked out."

The medical team at the Riverside, meanwhile, has little cause to celebrate. Fleming suggests that restructuring has been nothing more than a political exercise. "We recently received a 4-year accreditation for efficiency, but the government decided it was going to close 30 medium-sized hospitals in Ontario and they decided to close us," he says. "We're easier to close than the Civic or the General because they are bigger than we are."

To add insult to injury, the Riverside will lose its CT scanner at the end of June, when it is to be transferred to the Queensway-Carleton — 6 months before the Riverside is scheduled to close. "We can't function as an up-to-date hospital doing various types of care if the CT scanner goes," Fleming complains. — © Christopher Guly